DOCUMENT RESUME

ED 315 975 EC 222 728

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TITLE Early Intervention and Five Years Later with an Autistic Child and Her Family.
PUB DATE Sep 89
NOTE 12p.; Paper presented at the National Conference of the Council for Exceptional Children/Council for Children with Behavioral Disorders (Charlotte, NC, September 24-26, 1989).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Autism; Behavior Development; Case Studies; Cognitive Development; *Early Intervention; Elementary Education; Followup Studies; Home Programs; *Parent Education; *Parent Participation; Preschool Education

ABSTRACT

A case study of a 3-year-old autistic child and her family is presented, following the child through a 3-year intensive intervention program with a multidisciplinary team in a day treatment program. The day treatment program plan included academic goals, language goals, parental goals, and home training goals. A major component of the program was the family's participation in a behavior-based developmental model training course. The document presents the child's developmental history, school history, and early intervention strategies. A follow-up study 5 years after leaving the day treatment program found that the child had made apparent cognitive and behavioral improvements. Her language skills remained weak and her eye contact limited, and she exhibited little spontaneity. Her parents retained and used the skills learned from their earlier participation in the parent training course. Family counseling was recommended to aid in meeting the challenge of parenting an adolescent and to establish long-term educational and vocational goals. Seven references. (JDD)

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ED315975

EARLY INTERVENTION AND FIVE YEARS LATER WITH AN AUTISTIC CHILD AND HER FAMILY

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Early Intervention and Five Years Later with an Autistic Child and Her Family

"Cause you figure--if there hadn't been no help for us, by now no telling what kind of condition "K" would be in."

--"K"'s Dad

This is a case study of an autistic child and her family as documented by test scores, progress notes and video tapes. This study follows the child, "K", from age 3 1/2 and her family during a three year intensive intervention program from a multi-disciplinary team in a day treatment program. Psychological, language, and educational assessment were completed. A major component in this process was the family's participation in a behavior based developmental model training course. During this period through the educational setting, the professionals and the family formed a therapeutic alliance. Although it does address the traditional child management issues, the principle emphasis is one providing parents with a set of skills that will enable them to be involved in fostering development in their child.

Developmental History

Mom reports that her pregnancy and delivery were normal with "K"'s birthweight at 6 lbs. 4 oz. "K" was bottle fed and given table food at 3 1/2 months. Sleeping difficulties were centered on keeping her awake. She was toilet trained at 36 months, sat up at five months and walked at ten months. "K" has no siblings.

At age 44 months the Receptive Expressive Emergent Language Scale, the REEL, was administered. "K" earned a receptive language score of 30

months and an expressive language score at the 24 month level. At this time, she had some echolalia, but no spontaneous speech.

Psychological testing "K" has received is shown on Figures 1 and 2. When "K" had a chronological age (CA) of 3 years, 8 months, the Cattell Infant Intelligence Scale (CIIS) was administered. On this test, she earned a mental age of 1 year, 8 months and an IQ of 47.

A Stanford Binet Form L-M (SB) was administered when "K" was 5 years, 2 months and resulted in a mental age of 2 years, 11 months and an IQ of 44.

One year later at 6 years, 1 month, "K" was again administered the Stanford Binet which yielded a mental score of 3 years, 7 months with a resulting IQ score of 50. The psychologist of record noted that as during her previous testing, language continued to be a problem, however, the area of social adaptation had made "striking gain".

The Leiter International Performance Scale (L.I.P.S.) which measures nonverbal reasoning skills was administered when she was 7 years, 0 months. She received an IQ score of 84 which was significantly better than her verbal skills as measured by the previous Binets.

On Figure 2, the results of the Weschler Intelligence Scale for Children--Revised (WISC-R) was administered to "K" at age 12. The subtest for performance IQ yielded an IQ of 69 and her score for the verbal subtest was 51; these subtests gave her a full scale IQ of 56. It is apparent that language continues to be a weak area.

School History

"K" attended a nursery school for three months after which she was referred to the Medical College of Ohio Preschool Day Treatment Program

where she remained for 2 1/2 years. After discharge from the day treatment program, she was placed in a class for the multiple handicapped where she remained for six years. She is currently in a class for the developmentally handicapped.

Early Intervention Strategies

The early intervention strategies for "K" included the day treatment program and, as part of this program, attended a daily special education preschool class. She was also involved in an intensive language development program. The parents participated in a comprehensive training program which included home training and which was coordinated with the classroom teacher.

One component of the day treatment program is a multidisciplinary staff. This service was managed and coordinated by the preschool team which consisted of the classroom teacher, the aide, and a mental health professional. The day treatment program is located in an academic medical center so the team often included trainees from various disciplines. In addition, a child psychiatrist, mental health professionals and a speech and language specialist were available as consultants to the team.

"K"'s preschool class met five days a week for 2 1/2 hours each day. The class consisted of a teacher, full time aide and four to five students. The curriculum was individualized and developmentally based. Specialists in the areas of speech, music, and adaptive physical education provide additional services. "K" was also involved in an intensive language development program developed by a speech and

language pathologist and implemented both on an individualized basis and in the classroom.

Although "K"'s parents were divorced, both participated in the parent training program. Each parent worked on individual home training sessions coordinated by the same home trainer. "K"'s parents attended a ten week parent group and two monthly follow-up sessions per year of treatment. These sessions were designed to teach parents how to manage their child through teaching "what and how to do" instead of "what not to do". The parent group reflected the basic philosophy of the day treatment program viewing educational development as a primary focus for intervention. This also assumes that social problem solving skills can be taught both at home and in the classroom. Videotaping is a crucial part of the parent training classes. Parents are videotaped while doing a home training session. The video tapes are then used for critique by the group and self-evaluation of the parents.

"K" was discharged from the day treatment program after 2 1/2 years. She was placed in a class for the multiple handicapped where she remained for six years. She is currently placed in a class for the developmentally handicapped.

"K"'s Day Treatment Program Plan

EDUCATIONAL GOALS	LANGUAGE GOALS	PARENTAL GOALS	HOME TRAINING GOALS
-eye contact -sit to earn reward -increase attention	-to use echolalia as functional language -use words to meet needs	-basic understanding of behavior	-basic understanding of behavior modification -organize home and routines to facilitate behavior and development -weekly meetings in home
-learning readiness skills -complete two consecutive tasks -begin learning basic social/group skills, i.e. seek adult contact, improve limit seeking	-basic language concepts, i.e. yes/no, big/little, prepositions	-ignore inappropriate behavior -break a task down to smallest step -have fun parenting	-in house twice during parent teaching classes and as requested by parents
-play simple games -reading readiness -continue to improve attention span -writing readiness	-continue to work on language concepts -asking questions -answering more complex questions	-positive about "K" -work cooperatively -work on social skills	-met in house as requested by parents

Discussion

As documented by videotape, gains during her 2 1/2 year treatment program were impressive. Most noteworthy of "K"'s gains were specific academic skills, i.e. attention span, letter and number recognition. These did not require spontaneous language and social skills. Both parents made dramatic gains in their ability and skill to teach and parent "K". They were able to adjust material that was too high, work together despite interpersonal difficulties and vary materials to keep "K" on task and to further increase her attention span.

Five Year Follow Up

In an effort to evaluate "K" and her family's progress, they were videotaped five years later. They were given specific directions in an effort to recreate a similar format to the previously taped sessions so that comparisons might be made and progress documented.

"K" and her family were interviewed on camera with "K" present. "K" was also interviewed alone at the end of the session. During the taped interview, the parents focused on "K"'s academic achievements rather than encouraging social interventions. They tended to speak for her which hindered her spontaneity and reinforced her social isolation and reciprocal social interaction. They have adopted her delayed linguistic style which further impedes her language development. Even when "K" was interviewed alone, her eye contact was minimal and her language deficit was apparent.

In responding to questions about their current parent management with "K", it was noteworthy that they retained and used the skills learned from their earlier participation in the parent training course.

Summary

In summary, since "K"'s initial entrance into the day treatment program, both she and her family have made significant growth. "K"'s language skills remain weak, eye contact limited and little spontaneity is noted. Most apparent are her cognitive and behavioral improvements. Her ability to stay on task and follow directions demonstrates this progress. Although "K" has residual difficulties, the degree of impairment is less. Developmentally, "K" is entering adolescence. The parents, especially mother, remain quite protective of her; "K" has few friends and almost no contact with peers outside of the classroom setting. Family counselling is recommended to aid in meeting a new and different parenting challenge of an adolescent and to consider long-term educational and vocational goals.

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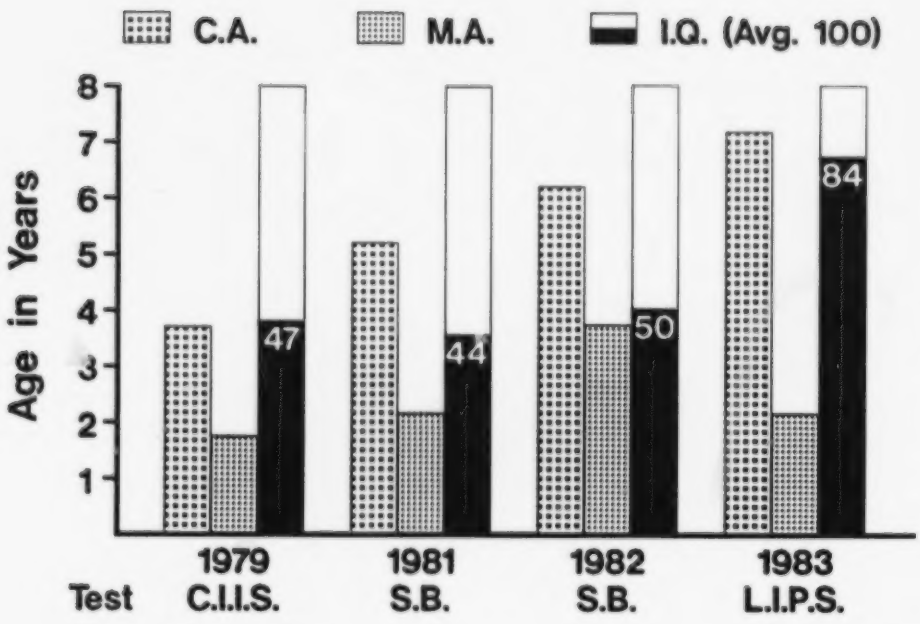
C.A.
M.A.
I.Q. (Avg. 100)
Age in Years
8
7
6
5
4
3
2
1
47
44
50
84
Test
1979
C.I.I.S.
1981
S.B.
1982
S.B.
1983
L.I.P.S.

FIGURE 1

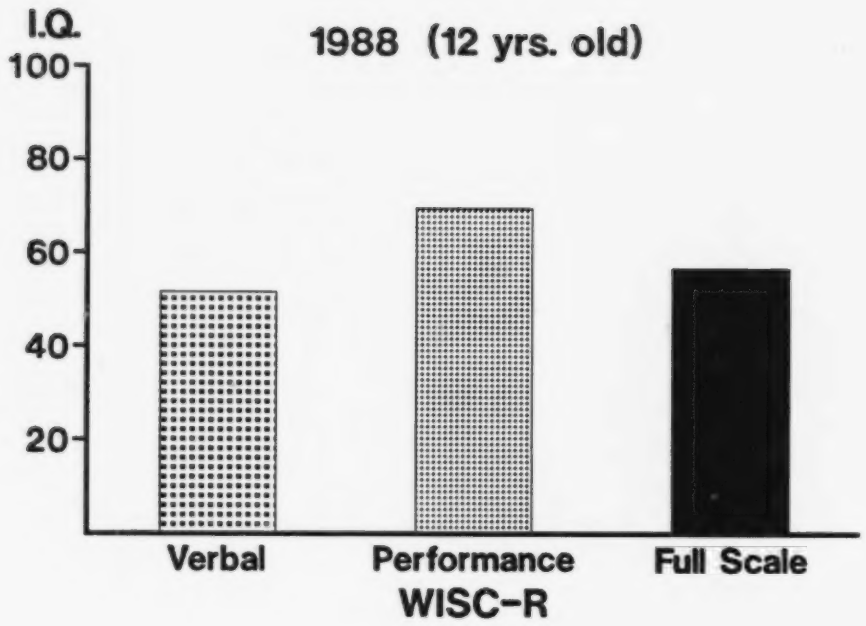
I.Q.
1988 (12 yrs. old)
100
80
60
40
20
Verbal
Performance
Full Scale
WISC-R

FIGURE 2